MAIL TO: **Registry of Charitable Trusts** P.O. Box 903447 Sacramento, CA 94203-4470 Telephone: (916) 445-2021

WEBSITE ADDRESS: http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code Section 12586.1. IRS extensions will be honored.



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- 011				Check if: REUE! Attorney Gener			
State Charity Registration Number 015994			— III	Change of address			nai.e.O
ASIAN COMMUNITY CENTER OF SACRAMENTO VALLEY, INC. Name of Organization				Amended report			2 20
1			Ke Charit	gistr	y of		
7311 GREENHAVEN DRIVE #187 Address (Number and Street)			Corporate or	Organization No. D0648	847-9/10/11	aute	irus
SACRAMENTO, CA 95831 City or Town State ZIP Code				loyer ID No. 94-22713	80		
ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312) Make Check Payable to Attorney General's Registry of Charitable Trusts							
Gross Annual Revenue Fee Gross Annual Revenu		Gross Annual Revenue	Fee	Gross Annual Revenue			Fee
		Between \$100,001 and \$250,000 \$50 Between \$250,001 and \$1 million \$75		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 million Greater than \$50 million		on	\$150 \$225 \$300
PART A - ACTIVITIES							
For your most recent full accounting period (beginning1/01/11 ending12/31/11) list:							
Gross annual revenue \$ 11,354,153. Total assets \$ 35,364,210.							
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT							
Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.							
					 	Yes	
During this reporting period, wer organization and any officer, director or trustee had any finance.	ector or tru	istee thereof either directly o	r other financial tra or with an entity in	insactions between the which any such officer,		П	X
2 During this reporting period, was property or funds?	there any	theft, embezzlement, divers	sion or misuse of t	he organization's charitable	e 	П	X
3 During this reporting period, did	non-progra	am expenditures exceed 509	% of gross revenue	es?		П	X
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.						П	X
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.						П	X
6 During this reporting period, did the name of the agency, mailing	the organi address, o	zation receive any governme contact person, and telephor	ental funding? If so ne number	o, provide an attachment lis SEE STATE	sting EMENT 1	X	П
*7 During this reporting period, did to indicating the number of raffles a	the organi and the da	zation hold a raffle for charit te(s) they occurred.	able purposes? If	'yes,' provide an attachmer	nt	П	X
8 Does the organization conduct a the program is operated by the c charitable purposes.	vehicle do harity or w	nation program? If 'yes,' pro whether the organization con	ovide an attachmer tracts with a comm	nt indicating whether nercial fundraiser for SEE STATE	MENT 2	X	
Did your organization have prepa principles for this reporting period	red an au	dited financial statement in a	accordance with ge				
Organization's area code and telephor	ne number	(916) 394-6399					
Organization's e-mail address <u>DLY</u>	ACCSV.	ORG					
I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.							
Signature of authorized of		A L. YEE, PH.D.	CF 0	10 25	1/12		
Signature of authorized officer	Printed N	lame	Title	D	ate		
		CAVA9801L 08/1	6/05	260522 80	RI	DE-1	(3.05)

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California Statements

Asian Community Center of Sacramento Valley, Inc.

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10/24/12

03:14PM

Statement 1
Form RRF-1, Part B, Line 6
Government Agency That Provided Funding

Area 4 Agency on Aging 2260 Park Town Circle Sacramento, CA 95825

Statement 2 Form RRF-1, Part B, Line 8 Vehicle Donation Program Information

Car Program, LLC 3755 Omec Circle Rancho Cordova, CA 95742 (800)240-0160